

UTILITY PATENT APPLICATION TRANSMITTAL

(New Nonprovisional Applications Under 37 CFR § 1.53(b))

Attorney Docket No.
020.0341.US.CON

TO THE ASSISTANT COMMISSIONER FOR PATENTS:

Transmitted herewith is the patent application of () application identifier or (X) first named inventor, Gust H. Bardy, entitled System And Method For Diagnosing And Monitoring Respiratory Insufficiency For Automated Remote Patient Care, for a(n):

() Original Patent Application.

(X) Continuing Application (prior application not abandoned):

(X) Continuation () Divisional () Continuation-in-part (CIP)
of prior application No: 10/152,207 filed on: 5/20/2002, a continuation
of U.S. Patent No. 6,398,728, issued on 6/4/2002.

(X) A statement claiming priority under 35 USC § 120 has been added to the specification.



22895

PATENT TRADEMARK OFFICE

Enclosed are:

(X) Specification; <u>57</u> Total Pages.	(X) Drawing(s); <u>28</u> Total Sheets.
(X) Oath or Declaration:	
(X) A Newly Executed Combined Declaration and Power of Attorney:	
(X) Signed. () Unsigned. () Partially Signed.	
() A Copy from a Prior Application for Continuation/Divisional (37 CFR § 1.63(d)).	
() Incorporation by Reference. The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied, is considered as being part of the disclosure of the accompanying application and is hereby incorporated herein by reference.	
() Signed Statement Deleting Inventor(s) Named in the Prior Application. (37 CFR § 163(d)(2)).	
(X) Formal Drawing Transmittal Letter.	(X) Return Receipt Postcard.
() Associate Power of Attorney.	(X) A Check of \$ <u>2,352.00</u> for the Filing Fee.
() Preliminary Amendment.	(X) Information Disclosure Statement and Form PTO-1449.
(X) A Duplicate Copy of this Form for Processing Fee Against Deposit Account.	
(X) Fee Transmittal Sheet	
() Applicant claims small entity status.	
() Other: _____	

CLAIMS AS FILED

FOR	NO. FILED	NO. EXTRA	RATE	FEE
Total Claims	81	61	\$18.00	\$1,098.00
Independent Claims	9	6	\$84.00	\$ 504.00
Multiple Dependent Claims (if applicable)				\$0.00
Assignment Recording Fee				\$0.00
Basic Filing Fee				\$750.00
			Total Filing Fee	\$2,352.00

Charge \$ _____ to Deposit Account 501144 pursuant to 37 CFR § 1.25. At any time during the pendency of this application, please charge any fees required or credit any overpayment to this Deposit Account.

Respectfully submitted,

By: _____

Patrick J.S. Inouye, Esq., Attorney of Record
Reg. No. 40297

Date: August 22, 2003

Correspondence Address:

Law Offices of Patrick J.S. Inouye
810 Third Avenue Suite 258
Seattle, WA 98104
Phone: (206) 381-3900
Fax: (206) 381-3999

I hereby certify that this is being deposited with the U.S. Postal Service "Express Mail Post Office to Addressee" service under 37 CFR § 1.10 on the date indicated below and is addressed to:

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

By: _____

Larissa V. Pigott

Typed Name: Larissa V. Pigott

Express Mail Label No.: EV317784455US

Date of Deposit: August 22, 2003

22154 U.S. PRO
 10/646243
 08/22/03

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

 Applicant Claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$)**2.352****Complete if Known**

Application Number	Unassigned
Filing Date	August 22, 2003
First Named Inventor	Bardy
Examiner Name	Unassigned
Art Unit	Unassigned
Attorney Docket No.	020.0341.US.CON

METHOD OF PAYMENT (check all that apply)
 Check Credit card Money Order Other None
 Deposit Account

Deposit Account Number
501144

Deposit Account Name
Law Offices of Patrick J.S. Inouye

The Commissioner is authorized to: (check all that apply)
 Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.
FEE CALCULATION**1. BASIC FILING FEE**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1001	750	2001	375
1002	330	2002	165
1003	520	2003	260
1004	750	2004	375
1005	160	2005	80
SUBTOTAL (1)		(\$)	750

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Extra Claims		Fee from below	Fee Paid			
		81	-20** =	61	X	18	=	1098
		9	- 3** =	6	X	84	=	504
							=	

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1202	18	2202	9
1201	84	2201	42
1203	280	2203	140
1204	84	2204	42
1205	18	2205	9
SUBTOTAL (2)		(\$)	1,602

** or number previously paid, if greater; For Reissues, see above

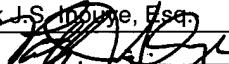
3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	410	2252	205
1253	930	2253	465
1254	1,450	2254	725
1255	1,970	2255	985
1401	320	2401	160
1402	320	2402	160
1403	280	2403	140
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,300	2453	650
1501	1,300	2501	650
1502	470	2502	235
1503	630	2503	315
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	750	2809	375
1810	750	2810	375
1801	750	2801	375
1802	900	1802	900
Other fee (specify)			

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$)

SUBMITTED BY		Complete if applicable		
Name (Print/Type)	Patrick J.S. Inouye, Esq.	Registration No. (Attorney/Agent)	40297	Telephone (206) 381-3900
Signature				Date August 22, 2003

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 37 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, VA 2213-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Mail Stop Patent Application, PO Box 1450, Alexandria, VA 2213-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Bardy

Application No.: Unassigned

Filed: August 22, 2003

Title: System And Method For Diagnosing
And Monitoring Respiratory
Insufficiency For Automated Remote
Patient Care

Attorney Docket No.: 020.0341.US.CON

Assistant Commissioner for Patents
Alexandria, VA 22313-1450

Group Art Unit: Unassigned

Examiner: Unassigned

DRAWING TRANSMITTAL LETTER

Sir:

Enclosed herewith please find:

() _____ sheets of redlined drawing(s) which indicate proposed changes to the drawing(s). Upon approval of these proposed changes, formal drawing(s) will be submitted.

() _____ sheets of corrected formal drawing(s), as required by the Notice of Patent Drawings Objection (PTO-948) which accompanied the Office Action dated _____.

() _____ sheets of corrected formal drawing(s), as required by the Notice of Patent Drawing(s) Objection (PTO-948) and approved in the Notice of Allowability dated _____.

(X) 28 sheets of formal drawings, submitted with the enclosed continuation Utility Patent Application.

Examiner's approval of the entry of these drawings is respectfully requested.

Respectfully Submitted,

By _____

Patrick J.S. Inouye, Esq.



22895

PATENT TRADEMARK OFFICE

Attorney/Agent for Applicant(s)
Reg. No. 40297

Date: August 22, 2003

Telephone No.: (206) 381-3900